HIMS AME Checklist - SSRI Recertification

(Updated 5/25/16)

Airman Name	PI#			_
Instructions to the HIMS AME:				
Address the following items basedSubmit this Checklist (signed an	d on your in office exam and documentation review; and dated by the HIMS AME); AND ion reviewed to complete this Checklist (including your HIM)	IS AME repo	rt) within	14 days
	Federal Aviation Administration Aerospace Medical Certification Division AAM-300 PO Box 26080, Oklahoma City, OK 73125-9914			
reviewed the airman's SSRI Authorization	Letter dated:(Date of Authorization Letter)			
1. HIMS AME FACE-TO-FACE, IN OFFIC	E EVALUATION: Required <u>EVERY 6 months</u> for <u>ALL CLAS</u>	<u>SSES</u>	No	Vaa
 Interval visit summaries (if an 	y) are unfavorable or reflect concerns		No	Yes
 Any concerns about the airma 	an's current psychiatric status based on your clinical interview, orts?			
	ns identified or any change in medication or dose during this per or mental exam findings?			
 Any NEW condition(s) that wo 	ould require Special Issuance? (Do not include any new CACI	qualified		
2. TREATING PSYCHIATRIST REPO	DRT: Required EVERY 6 months for ALL CLASSES			
HIMS PSYCHIATRIST REPORT p	lus PRESCRIBING PHYSICIAN REPORT		Yes	No
	h no anticipated or interim treatment changesnedication at the same dose stated in the Authorization letter			
3 NEUROPSYCHOLOGIST REPORT	T: Required EVERY 12 months for 1 st and 2 nd class			
o. Neonol of office ordinal ordinal	and every 24 months for 3 rd class (unless otherwise	Not	Yes	No
	specified on the Authorization Letter).	due		
	significant cognitive deficits or adverse changes?			
 Additional neuropsych testing 	g (if performed or required) is attached?			
4. CHIEF PILOT REPORT(S): Requi				
(Only Commercial pilots holding fileReport(s) is/are favorable?	rst- or second-class certificates):	N/A	Yes	No
5. ADDITIONAL REPORTS required		N/A	Yes	No
	testing, therapy reports, etc.) reports are favorabler other non-SSRI conditions meet Authorization requirements			
C. I have no althous source of the state	animan and recommend to engineering for Original I		Yes	No
b. I have no other concerns about this	airman and recommend re-certification for Special Issuance			
				
HIMS AME Signature	Date	of Evaluatio	n	

If **ALL** items fall into the clear column, the AME may issue with the time limitation specified in the Authorization letter.

If ANY SINGLE ITEM falls into the SHADED COLUMN, the AME MUST DEFER or contact the FAA AND EXPLAIN in the HIMS evaluation report.